

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 169  
Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County Gila State Ariz.  
Township \_\_\_\_\_ or Village Rice  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

### 2. Full name of child Madeline Molay { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth 6-12-30, 19\_\_\_\_  
(Month, day, year)

9. Full name FATHER Ernest Phillips 18. Full maiden name MOTHER Margaret Molay  
10. Residence (usual place of abode) Rice, Ariz. 19. Residence (usual place of abode) Rice, Ari  
(If nonresident, give place and State) (If nonresident, give place and State)  
11. Color or race 4/4 Apache Indian 12. Age at last birthday 20 (Years) 20. Color or race 4/4 Apache Indian 21. Age at last birthday 23 (Years)  
13. Birthplace (city or place) San Carlos Ariz. 22. Birthplace (city or place) Rice Ariz.  
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_ { Before labor \_\_\_\_\_ During labor \_\_\_\_\_ }

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:00P m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) [Signature], M.D.

or \_\_\_\_\_, Midwife

Address Rice, Arizona

Filed 7-24, 1931 [Signature] Registrar

Registrar

448-612-448